Programme, including mother an Child Hea1th

(b) what is the therapeutic indica-tion of Folio Acid Vitamin A and Ferrous sulphate for which these have been allowed for marketing by Drugs controll Department;

(C) what are the forms under which se drugs are marketed; and

(d)whatJate. the names of .National prorammes for- which Fotyc Acid, amin A- and, Ferrous sulphate are

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): .

(a) The principal drugs used for the control S.T.D, are antibiotics and ehemo-erapeutic drugs.Under the National Family Welfare Programme, Iron and Felic acid tablets and liquid; and under Mother and Child Health scheme Vitamin 'A" to'prevent nutritional anaemia among mother and children and blindness amons children ' are the Principal drugs.

.*(b)* to (d) While - folic acid and ferrous sulphate are indicated for treatment of certain types of anaemia, Vitamin 'A' is indicated for various skin disorders, xeropthalmia and other eye disorders.

The drugs are marketed in different dosage forms such as tablets|drops] syrupl-injection.

Folic Acid and Ferrous sulphate could be used in Mother-and Child (Health Care Programme and Vitamin-'A' in trachoma and prevention of blindness programme.

Marketing of Drugs for Eye Infection

1081 SHRI V. NARAYANASAMY: Will the Minister of. HEALTH AND FAMILY WELFARE be pleased to state;

(a) what are the names of drugs ing by Drugs Control Department for eye infections in the country;

(b) what are the forms under which each drug was allowed for marketing;

(c) what are the details of composition of combination of one or more drugs.being marketed for eye infections;

'd). whether it is a fact that eye in factions is one of the causes of blind-ness;

(e) what are the principal drugs classified for control of blindness and what are the basis on which each drug has been classified as principal drug;

(f) whether' Chloramphenicol, Genltamyciri, Neomycin, Polymixin, Prednisolone, Betamethasone, Vitamin A, Tetracycline' are used in different forms for the control of blindness; and

(g) if so, which of them is the principal drug and what is the basis for arriving to this conclusion?

THE MINISTER " OF, STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE(KUMARI SAROJ KHAPARDE).

(a) to (c) The names of drugs approved for marketing for ophthalmic use since 1985 in topical forms suitable for eye use is annexed as statement *(see* below).

(d) Most of the eye infections if ignored and untreated may lead; to blindness.

(e) Trachoma could commonly cause blindness. Accordingly, tetracycline which is reported to have specific action against Trachoma and hydrocortisone which is a very common drug for relief of inflammation are the preferred drugs used under Trachoma control programme.

(f) and (g) While various antibio tics such as Chloramphenical, *Genta-*mycin. Neomycin. Polymixin and Tetracycline in topical form could be used to combat eye infection, tetra-

eye infections particularly because of its specific action against Trachome. Prednisolone, Betamethasone eye preparations are not reported to have any added advantages over hydrocortisone . eye preparations.

Vitamin 'A' which may also be required under Mother and Child iHteaith Programme is under evaluation for making recommendations to the Department of Chemicals for its inclusion under Category—I of the Drugs Price Control order, 1987.

Statement *Names of drugs approved for marketing for Opthalnric use since* 1985 fit *topical forms suitable for eye* MM

I. Timolol Maleate Ophthalmic Solution —2.5 mg.|5mg. nor ml.
2. Acycloviv Ophthalmic Ointment—3 per cent
3. Econazole Ophthalmic Ointment—1 per cent
4. Tobramycin Ophthalmic Solution—9.03 per cent.
5. Eilver Sulphadiazine Ophthalmic Ointment—1 per cent.

Increase in T.B. Cases

1082. DR. '(SHRIMATI) SAROJINI MAHISHI): Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what is the present number of T.B. cases in the country and the num-oer of people who died during last three years;

(b) what is the duration of treat ment of T.B.;

(c) what drugs are used for treatment of TB and what is their cost per day;

(d) whether any vitamin preparations are also being prescribed along with anti-TB medicines;

(e) if so, what are the names thereof;

(f) whether it is a fact that a number of drugs combination have been allowed for marketing for treatment of TB at exorbitant prices;

(g) if so, composition of each of these combinations along with strength, pack and price of, each;

(h)' whether it is a fact that price* of most of combinations have not been fixed and drug companies are overcharging;

(i) whether Government have received any complaint in this regard and

(j) if so, the details thereof action taken therefor?

THE MINISTER OF STATE THE MINISTRY OF HEALTH * FAMILY WELFARE (KUMAR SAEOJ KHAPARDE): (a) Tut culosis is not a notifiable disease as such no statistics regarding numb of persons suffering from T.B. is available.

As per the records available the number of persons who died due ' T.B. during the last three years is under:

1985 .. 9933
1986 .. 9425.
1987 .. 8796

(b) Under the conventional therapy i.e. with Injection streptomycin, INH, PAS, Thiacetazone etc., the duration of treatment is 12—18 months. However, with the use of latest anli-TB drugs like refampicin and Pyrazina-mid$_e$ along with INH etc. the duration Of treatment for such patients has come down to about 6 to 8 months.

(c) Under the programme the following anti-TB drugs are used for the treatment of TB patients:

1 Injection Streptomycin Sulphate.
2. I.N.H.
3. P.A.S.
4. Thiacetazone
5. Ethambutel
6. Rifampicin and
7. Pyrazinamide

Under the National Programme for Control of Tuberculosis free diagnos- tic and treatment facilities are avail- ' able in country.

(d) and (e) Vitamin preparations are generally required for thoss TB patients who exhibit certain signs and symptoms of deficiency of a particular vitamin(s). Further, i$_n$ those patients